

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

RECEIVED JAN 16 2013

II Client Information

Name: Life Insurance Council of New York, Inc.

Permanent Business Address: 551 5th Avenue, 29th Floor

City: New York

State: NY

ZIP code: 10176

Business Phone: 212-986-6181

Fax Number: 212-986-6181

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$.00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:		
DATE: / /		
<input type="radio"/> Ad <input type="radio"/> Social Event		
PURPOSE:		
AMOUNT: \$.00		
<input type="radio"/> *Addendum attached		
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)		

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1			
Single Source Entity's Name: Vantis Life Insurance Company of New York			
or Single Source Person's Last Name:			
First Name:			
Address: 200 Day Hill Road			
City: Windsor			
State: CT			
ZIP code: 06015			
Phone: (860) 298-5400			
Date Contribution Received:	8	/ 6	/ 2012
			Amount of Contribution: \$ 1157 .00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additional Contributions: <input type="radio"/>			
Contribution(s) Single Source #2			
Single Source Entity's Name: Presidential Life Insurance Company			
or Single Source Person's Last Name:			
First Name:			
Address: 69 Lydecker Street			
City: Nyack			
State: New York			
ZIP code: 10960			
Phone: 800-926-7599			
Date Contribution Received:	12	/ 14	/ 2012
			Amount of Contribution: \$ 9828 .00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Date Contribution Received:	/	/	
			Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additional Contributions: <input checked="" type="radio"/>			
Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: <input type="radio"/>			

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Aflac New York

or

Single Source Person's Last Name:

First Name:

Address: 22 Corporate Woods Boulevard

State: New York

ZIP code: 12211

City: Albany

Phone: 800-992-3522

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$8179 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**

Single Source Entity's Name: Amalgamated Life Insurance Company

or

Single Source Person's Last Name:

First Name:

Address: 333 Westchester Avenue

State: New York

ZIP code: 10604

City: White Plains

Phone: (914) 367-5000

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$ 2932 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source #5**

Single Source Entity's Name: Lincoln Life and Annuity Company of New York

or

Single Source Person's Last Name:

First Name:

Address: 100 Madison Street, Suite 1860

State: New York

ZIP code: 13202

City: Syracuse

Phone: 800-423-2765

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$29301 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 3 6

Single Source Entity's Name: Sentry Life Insurance Company of New York

or

Single Source Person's Last Name:

First Name:

Address: P.O. Box 4944

State: New York

ZIP code: 13221

City: Syracuse

Phone: 800-648-1122

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$2932 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 7**

Single Source Entity's Name: National Security Life and Annuity company

or

Single Source Person's Last Name:

First Name:

Address: 100 Court Street

State: New York

ZIP code: 13901

City: Binghamton

Phone: (877) 446-3060

Date Contribution Received: 12 / 18 / 2012

Amount of Contribution: \$ 3530 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 8**

Single Source Entity's Name: Columbian Mutual Life Insurance Company

or

Single Source Person's Last Name:

First Name:

Address: P.O. Box 1381, Vestal Parkway East

State: New York

ZIP code: 13902

City: Binghamton

Phone: 800-423-9765

Date Contribution Received: 12 / 20 / 2012

Amount of Contribution: \$6597 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 3 9

Single Source Entity's Name: Allstate Life Insurance Company of New York

or

Single Source Person's Last Name:

First Name:

Address: 100 Motor Parkway, Suite 132

State: New York

ZIP code: 11788

City: Hauppauge

Phone: 800-822-8773

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$14390 .00

Date Contribution Received: 7 / 20 / 2012

Amount of Contribution: \$ 900 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 10**

Single Source Entity's Name: AXA Equitable Life Insurance Company

or

Single Source Person's Last Name:

First Name:

Address: 1290 Avenue of the Americas

State: New York

ZIP code: 10104

City: New York

Phone: 800-777-6510

Date Contribution Received: 12 / 26 / 2012

Amount of Contribution: \$ 63136 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 11**

Single Source Entity's Name: First Security Benefit Life Insurance and Annuity Company of New York

or

Single Source Person's Last Name:

First Name:

Address: 800 Westchester Avenue, Suite 641N

State: New York

ZIP code: 10573

City: Rye Brook

Phone: 800-888-2461

Date Contribution Received: 12 / 26 / 2012

Amount of Contribution: \$3337 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 2 / 2

Single Source Entity's Name: Transamerica Financial Life Insurance Company

or
Single Source Person's Last Name:

First Name:

Address: 440 Mamaroneck Avenue

State: New York

ZIP code: 10528

City: Harrison

Phone: (888) 617-6781

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$22260 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 13**

Single Source Entity's Name: MassMutual Life Insurance Company

or
Single Source Person's Last Name:

First Name:

Address: 1295 State Street

State: MA

ZIP code: 01111

City: Springfield

Phone: (413) 788-8411

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$ 11574 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 14**

Single Source Entity's Name: National Life Insurance Company

or
Single Source Person's Last Name:

First Name:

Address: One National Life Drive

State: VT

ZIP code: 05604

City: Montpelier

Phone: 800-732-8939

Date Contribution Received: 12 / 26 / 2012

Amount of Contribution: \$3655 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 315

Single Source Entity's Name: Thrivent Financial for Lutherans

or
Single Source Person's Last Name:

First Name:

Address: 625 Fourth Avenue South

State: MN

ZIP code: 55415

City: Minneapolis

Phone: (800) 847-4836

Date Contribution Received: 12 / 26 / 2012

Amount of Contribution: \$6645 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 16**

Single Source Entity's Name: MIB Group, Inc

or
Single Source Person's Last Name:

First Name:

Address: 50 Braintree Hill Park, Suite 400

State: MA

ZIP code: 02184

City: Braintree

Phone: (781) 751-6000

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$1929 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 17**

Single Source Entity's Name: Greenberg Traurig, LLP

or
Single Source Person's Last Name:

First Name:

Address: 54 State Street

State: New York

ZIP code: 12207

City: Albany

Phone: (518) 689-1400

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$1929 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3 / 8

Single Source Entity's Name: Hinman Straub P.C.

or

Single Source Person's Last Name:

First Name:

Address: 121 State Street

State: New York

ZIP code: 12207

City: Albany

Phone: 518-436-0751

Date Contribution Received: 12 / 20 / 2012

Amount of Contribution: \$1929 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # _____**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # _____**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$1929 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:

☐ Continued on attached pages

VII Person, State, Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:



DATE: January 15, 2013

PRINT NAME: LAST Stuto

FIRST Diane

TITLE: Executive Vice President

Mark One: ☐ Chief Administrative Officer

☒ Designee(Attach Letter) *on file*

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.